

**Motor Carrier Group Chairman's Factual Report  
HWY-05-MH035**

**Attachment #18: Driver Qualification File**  
(20 Pages)

## DRIVER QUALIFICATION APPLICATION

Company Global Limo Street Address \_\_\_\_\_  
 City PHARR State TX Zip Code \_\_\_\_\_

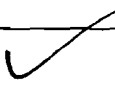
Name Juan Robles Gutierrez  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ How long? 10 yrs

Address for Street SANU City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Previous 3 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Years Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_


### DRIVER'S EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	CATEGORY	EXPIRATION DATE
	<u>NUeVO LEON, MX</u>		<u>"A"</u>	<u>2/4/2006</u>

### DRIVING EXPERIENCE

TYPE OF EQUIPMENT	DATES		MILES
	FROM	TO	
BIG TRAILER			
TRACTOR AND SEMITRAILER		<u>23 MAY 98</u>	<u>3/99</u>
TRACTOR (DOUBLE TRAILER)			
OTHER			

### ACCIDENTS FOR THE PREVIOUS THREE YEARS OR MORE

DATES	NATURE OF ACCIDENTS	FATALITIES	INJURIES
LAST ACCIDENT			
SECOND TO LAST			
THIRD TO LAST			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)		
LOCATION	DATE	CHARGE
None		

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES \_\_\_\_\_ NO ☒

B. Has any license, permit or privilege ever been suspended or revoked?

YES \_\_\_\_\_ NO ☒

### EMPLOYMENT RECORD

(Note: DOT requires that employment for at least 3 years and/or 10 years CMV experience to be shown)

Last employer/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Second to last employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Third to last employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and all entries on it and information on it is true and completed to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**391.25**

N/A

---

(Soc. Sec. No.)

☒ the driver meets the minimum requirements for safe driving, or

☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review \_\_\_\_\_ Motor Carrier's Name \_\_\_\_\_

Reviewed by: Signature and title \_\_\_\_\_

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Galebal Lino

To: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as DRIVER  
 and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and  
 will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed  
 a stamped self-address envelope.

Very truly yours,  
 Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
 Tractor-Semitrailer \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicles accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
- Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: UNABLE TO CONTACT PREVIOUS EMPLOYERDate: \_\_\_\_\_ Signature: 

Name of Company: \_\_\_\_\_

(Detach here for your records)

\_\_\_\_\_  
 (Name of Former Employer) Date: \_\_\_\_\_You are hereby authorized to give to \_\_\_\_\_  
 (Name of Prospective Employer)

all information regarding my services, character, and conduct while on your employ, and you are released  
 from any and all liability which may result from furnishing such information to the above named company.

[illegible]



This letter authorizes our driver Juan Robles  
to be Off-Duty during meal and other routine stops.

The purpose of the Federal Department of Transportation Hours of Service Regulations (Part 395) is to keep tired drivers from operating vehicles. Under certain circumstances, however, it appears that in route stops for meals or other routine purposes may serve to lessen a driver's fatigue.

Therefore, this letter is authorization for you to record your meal or other routine stops on your logs as Off-Duty, rather than On-Duty Not Driving as would normally be the case. However, this may be done only under all of the following circumstances.

1. Your vehicle must be parked in as safe and secure manner so as to prevent obstruction of traffic and theft of damage to the vehicle and cargo.
2. The off-duty period must be no less than 30 minutes and no longer than 60 minutes
3. During the off-duty period, you are relieved from responsibility from your vehicle and cargo.
4. During the off-duty period, you are free to leave the premises on which your vehicle is parked and pursue activities of your choosing, as long as your ability to safely operate your vehicle is not impaired as required by Part 392, "Driving of Vehicles", of the Federal Motor Carrier Safety Regulations.

---

~~Driver's~~ Supervisor

---

Date



Release of Information Form

I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: Juan Robles

Employee SS or ID Number: \_\_\_\_\_

I here by authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT Regulations 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items for the past two years:

1. Alcohol test with a result of 0.04 or higher;
2. Verified positive drug test;
3. Refusals to be tested;
4. Other violations or DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violations;
6. Information obtained from previous employers of a drug and alcohol rule violations.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A.

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

B.

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

Section II. To be completed by the previous employer and transmitted to the new employer:

A.

In the previous two years, for DOT-regulated testing >

- |   |  |
|---|--|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES _____ NO <input checked="" type="checkbox"/>           |
| 2. Did the employee have verified positive drug tests?  | YES _____ NO <input checked="" type="checkbox"/>           |
| 3. Did the employee refuse to be tested?  | YES _____ NO <input checked="" type="checkbox"/>           |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES _____ NO <input checked="" type="checkbox"/>           |
| 5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A _____ YES _____ NO <input checked="" type="checkbox"/> |
| 6. Did a previous employer report a drug and alcohol rule violation to you?                               | YES _____ NO <input checked="" type="checkbox"/>           |

(NOTE: Previous Employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy/ copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.)

B.

Name of person providing information in Section II-A: \_\_\_\_\_

Title: Juan Jauregui

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Unable to Contact Previous Employer

**DRIVER'S ROAD TEST EXAMINATION**

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

**Rating of  
Performance**

- \_\_\_\_\_ The pre-trip inspection. (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Breaking, and slowing the vehicle by means other than breaking.
- \_\_\_\_\_ Backing, and parking the vehicle.
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Examiner's Signature \_\_\_\_\_

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

---

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
INQUIRY TO STATE AGENCY FOR  
DRIVER'S RECORD  
391.23**

---

Driver's Name

---

Driver's Operator License Number

---

Social Security Number

Dear \_\_\_\_\_:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by our State to applicant and that it is in good standing.

In accordance with Section 391.23 (a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 year of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry in to the driving record of this individual.

Respectfully yours,

---

Signature of individual making inquiry

---

(printed) Name of person making inquiry

---

Title of person making inquiry

---

Motor Carrier Name

---

Street

City

State

Zip Code

ARREST TYP:

TX05BBI01W-0

TEXAS DEPARTMENT OF PUBLIC SAFETY  
COMMERCIAL VEHICLE ENFORCEMENT

CP# 0171958

2

✓ COM. VEH. 9 - 15 PASS. FOR HIRE  
 ✓ 16 PASS. FOR HIRE  
 ✓ 16 PASS. NOT FOR HIRE SP PROG: ✓ INTERSTATE CONSTRUCTION ZONE  
 ✓ YES NO  
 ✓ CEM SCHEDULE ✓ CHARTER INTRASTATE OCCUPIED  
 FIMPT: ✓ ROADSIDE  
 SCALE HOUSE

DATE: 03/01/2005 TIME: 11:10 PM COUNTY: CAMERON HWY (US) US-0077 IN CAMERON CO 798

FIRMES/NO: GLOBAL LIMO INC (GLOBAL TOURS &amp; CHARTERS) (GLOBAL SPORTS &amp; ENTERTAINMENT)

USDOT#: 1031282

ADN/CITY/ST/ZIP: 1708 N JACKSON RD PHARR TX 78577

ICC/M: 199729

OWNER: GLOBAL LIMO INC (GLOBAL TOURS &amp; CHARTERS) (GLOBAL SPORTS &amp; ENTERTAINMENT)

TXDOT#:

ADN/CITY/ST/ZIP: 1708 N JACKSON RD PHARR TX 78577

PHONE#:

DRIVER: JUAN ROBLES GUTIERREZ

RACE/SEX: HM DOB:

MED CL: 09-02-06

ADN/CITY/ST/ZIP:

D.L.#:

NI

REASON FOR STOP: ✓ YES NO REASON FOR STOP: WARN ✓ CITATION INSPECTION CONTRABAND LOCATED: ✓

TYPE OF CONTRABAND: ✓ CONSENT PC INC. TO ARREST INVENTORY TYPE OF CONTRABAND: DRUGS WEAPONS

UNIT	TYPE	MAKE	CO #	PLATE	ST
1	BU	EAGI	700		TX

TX05BBI01W NVOL04798 03/01/05

SIGNATURE:

I HEREBY PROMISE TO APPEAR AT THE TIME AND  
 PLACE DESIGNATED IN THIS NOTICE. (THIS IS  
 NOT A PLEA OF GUILTY)

X OO

✓ NOT RECEIVED BY

Graph-c

YOU ARE HEREBY NOTIFIED TO APPEAR

COURT: PCT./PLACE:

ON/BEFORE AT

CITY:

LOAD DISP:

PERMIT #:

RG WT #1 EXPIRED

RG WT #2

DEPT. SEAL #: INSTALLED CVSA DECAL-TT CVSA DECAL-ST CVSA HEAD-ET

CONSIGNOR: N/A

CONSIGNOR: SELF

CONSIGNOR: SELF

ORIGIN: EMPTY

ORIGIN: PHARR TX

DESTINATION: BROWNSVILLE TX

CODE RQ? HW? PLACARDS REQ?

R

SPEC. TANK

AX 1 AX 2 AX 3 AX 4 AX 5 AX 6 AX 7 AX 8

L

TICKET NO.	CITE #	UNIT NO.	OOS Y/N	OOS DISP	POST ACC
395.8 (k)	(2)	D	Yes	N	
395.8		D			
395.8 (f)	(1)	D			
393.75 (b)		1			
393.11		1			

## VIOLATIONS DISCOVERED

DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM

DUTY STATUS NOT RETAINED-PREVIOUS 7 DAYS

REQUIRED INFORMATION NOT SHOWN ON LOG-TOTAL HOURS

DUTY STATUS NOT CURRENT

FRONT TIRE LESS THAN 4/32 OF AN INCH-#1 LEFT

DEFECTIVE ID LAMP (REAR)

I, the undersigned, to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall remove the out of service stickers appearing on these vehicles or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition, or proper operating authority has been obtained.

DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby declare that I declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until

PAL CERTIFICATION SHEET

X

TROOPER COMMENTS

10 CONSECUTIVE HOURS

MISSING 2/27-28/2005. DRIVER STATED THAT EITHER ON THE 27 OR 28 HE DROVE BACK FROM DALLAS, BUT WAS NOT SURE.

ON 2/25/2005 DID NOT COMPLETE LOG. STOP BY HP-B"VILLE ASKED FOR ASSISTANCE. DRIVER STATED HE WAS NOT

ADMINISTERED A DRUG TEST PRIOR TO DRIVING

INSPECTED BY:

ID/REGION/DISTRICT/AREA TIME COMPLETED

REPORT PREPARED BY: 08209 MARTINEZ, JORGE

JORGE MARTINEZ

08209 8 A 3

12:10 AM

REFERRAL ID

BRKES INSPECTED BY:

/ /

BRKES INSPECTED BY:



TEXAS DEPARTMENT  
OF PUBLIC SAFETY  
COMMERCIAL  
VEHICLE  
ENFORCEMENT  
CONTINUATION SHEET

INSPECTION #

CP #

DATE

TX05BBI01W-0

0171958

3/1/2005

MOTOR CARRIER

GLOBAL LIMO INC (GLOBAL TOURS &amp; CHARTERS) (GLOBAL SPORTS &amp; ENTERTAINMENT)

OPERATOR

ROBLES GUTIERREZJUAN

LAST NAME

FIRST NAME

MI

## VIOLATIONS

VIOLATIONS DISCOVERED

TICKET VIOL. CITE # UNIT OUT / OOS POST  
INSTR. NO. SVS DISP ACC

393.11

1

DEFECTIVE ID LAMP (FRONT)

SEE CONTINUATION SHEET

## VEHICLE/DRIVER OUT OF SERVICE NOTICE

VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall remove the out of service stickers applied to these vehicles or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition, or proper operating authority has been obtained.

✓ DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until

## 10 CONSECUTIVE HOURS

REPORT PREPARED BY	ID/REGION/DISTRICT/AREA	TIME COMPLETED	COPY RECEIVED BY
JORGE MARTINEZ	08209 8 A 3	12:10 AM	X

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report. NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification on the reverse side and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.

2

798

NL

TX0588101W NVOL04798 03/01/05

**R**

AX 1	AX 2	AX 3	AX 4	AX 5	AX 6	AX 7	AX 8
------	------	------	------	------	------	------	------

**SPEC. TANK**

DEFECTIVE ID LAMP (REAR)

DRIVER Pursuant to authority contained in  
TRC Chapter 641 I hereby notify and  
declare the driver named on this report  
Out of Service. No motor carrier shall  
permit or require driver to drive or  
operate any motor vehicle until

10 CONSECUTIVE HOURS

ID/REGION/DISTRICT/AREA TIME COMPLETED REPORT PREPARED BY: 08209 MARTINEZ, JORGE

REFERRAL ID

BRAKES INSPECTED BY:

# Semi-Monthly Time Sheet

Date Submitted: 4-15-2005

Employee Juan Robles Signature \_\_\_\_\_ Hours Date Date

Month: April 2005

Pay Period 1st to 15th 16th to (Last Day of Month)

(Please Circle Correct Pay Period)

<p>It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.</p>	4-1-05	Fort World Texas		3	18
	4-2-05	Fort. World tx. To Brownsville tx		4	19
	4-3-05	↓		5	20
	4-4-05	OFF		6	21
	4-5-05	Mission Texas To LAREDO tx.	105	7	22
	4-6-05	OFF		8	23
	4-7-05	Pharr and Brownsville to Corpus Christi tx	125	9	24
	4-8-05	Corpus Christi tx	100	10	25
	4-9-05	Corpus Christi to Brownsville and Pharr		11	26
	4-10-05	OFF		12	27
	4-11-05	OFF		13	28
	4-12-05	OFF		14	29
	4-13-05	Mission Texas To Round Rock.	245	15	30
	4-14-05	Round Rock.	50		31
	4-15-05	Round Rock To Return Mission tx			
Gross Salary	\$				
Less Advance	\$				
Net Pay	\$				
Total Hours / Pay for This Period-->>>					

# Semi-Monthly Time Sheet

Date Submitted: \_\_\_\_\_

Employee John Robles

Signature \_\_\_\_\_

Hours Date Date

Month: April 2005

Pay Period 1st to 15th 16th to (Last Day of Month)

(Please Circle Correct Pay Period)

It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.

Pay Period	1st to 15th	16th to (Last Day of Month)		1	16
(Please Circle Correct Pay Period)					
It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.					
4-16-2005	Pharr and Brownsville to San Antonio	200	3	18	
4-17-2005	OFF		4	19	
4-18-2005	SHOP DAY 9 AM - 5 PM : 8 hours	70	5	20	
4-19-2005	SHOP DAY 9 am - 8 hours	70	6	21	
4-20-2005	OFF		7	22	
4-21-2005	church 23 and. to church San Juan	40	8	23	
4-22-2005	Pharr and Brownsville to San Antonio	200	9	24	
4-23-2005	San Antonio to Brownsville and Pharr	—	10	25	
4-24-2005	Pharr to Harvester for. return. Pharr.	150	11	26	
4-25-2005	Mission to San Antonio Texas.		12	27	
4-26-2005	San Antonio Texas	250	13	28	
4-27-2005	San Antonio Texas to Mission Texas		14	29	
4-28-2005	Mission tx to Dallas TEXAS		15	30	
4-29-2005	Dallas.	350		31	
4-30-2005	Dallas				
Total Hours / Pay for This Period-->>>					

5-1-2005 DALLAS TO MISSION TEXAS RETURN.



# Semi-Monthly Time Sheet

Date/Submitted: \_\_\_\_\_

Employee Juan Robles

Signature \_\_\_\_\_

Hours Date Date

Month: March 2005

Pay Period	1st to 15th	16th to (Last Day of Month)		1	16
(Please Circle Correct Pay Period)				2	17
<p>It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.</p>	3-1-2005	Mission end Office to Aransas Pass	100	3	18
	3-2-2005	Pharr end Brownsville tx. to Arlington		4	19
	3-3-2005	Arlington	420	5	20
	3-4-2005	Arlington		6	21
	3-5-2005	Arlington tx to Brownsville tx. end Pharr tx		7	22
	3-6-2005	OFF		8	23
	3-7-2005	OFF		9	24
	3-8-2005	OFF		10	25
	3-9-2005	OFF		11	26
	3-10-2005	OFF		12	27
	3-11-2005	Office to Lake Charles end Kinder	350	13	28
	3-12-2005	Kinder La to Pharr tx (711)		14	29
	3-13-2005	Kinder La to Pharr tx (711)		15	30
	3-14-2005	OFF			31
	3-15-2005				
Gross Salary	\$				
Less Advance	\$				
Net Pay	\$				
			Total Hours / Pay for This Period-->>>		

# Semi-Monthly Time Sheet

Date Submitted: 3/31/05

Employee Joan Rabby

Signature \_\_\_\_\_

Hours Date Date

Month: March 2005

Pay Period 1st to 15th 16th to (Last Day of Month)

(Please Circle Correct Pay Period)

It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.

3-16-2005	OFF		1	16
3-17-2005	OFF		2	17
3-18-2005	Office end Mi Familia pay cause	100	3	18
3-19-2005	Office To Lake Charles end		4	19
3-20-2005	Hinder Return. to Pharr Office	300	5	20
3-21-2005	OFF		6	21
3-22-2005	DAY SHOP 10:00 AM - 5:00 PM 7 hours	40	7	22
3-23-2005	DAY SHOP 10:00 AM - 5:00 PM 7 hours	40	8	23
3-24-2005	DAY SHOP 10:00 A.M - 5:00 P.M. 7 hours	40	9	24
3-25-2005	DAY Office 10:00 AM - 5 PM : 5 hours	40	10	25
3-26-2005	Office to Aransas PASS DAY cause	100	11	26
3-27-2005	OFF		12	27
3-28-2005	OFF		13	28
3-29-2005	OFF		14	29
3-30-2005	Pharr end Brownsville to Fort Worth	fx. 350	15	30
3-31-2005	Fort World tx.			31

Gross Salary	\$
Less Advance	\$
Net Pay	\$

Total Hours / Pay for This Period-->>>

**Date Submitted:**

**Signature**

[illegible]

~~February~~ - 2005

**1st to 15th**

**16th to (Last Day of Month)**

**(Please Circle Correct Pay Period)**

**It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.**

Pay Period	1st to 15th	16th to (Last Day of Month)	1	16
(Please Circle Correct Pay Period)				
It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.			2	17
DAY CRUISE TO ARANAS PASS			3	18
			4	19
HANA HIGH SCHOOL PHAR - LANSO - BROWNSVILLE			5	20
PHAR.			6	21
			7	22
NEW OCEANUS LA PHAR - KINDEG LA -			8	23
NEW OCEANUS LA -			9	24
LAKE CHARLES - KINDEG.			10	25
KINDEG - PHAR TR.			11	26
			12	27
TRIP 7-11 PHAR - LAKE CHARLES			13	28
KINDEG - PHAR.			14	29
GROSS SALARY	\$	MISSOURI PARK MARIEN VALLE DEL SOL - LA GROUN BULL RING	15	30
LESS ADVANCE	\$	DAY CRUISE TO ARANAS PASS. CONTRY PARK	31	
NET PAY	\$	DAY CRUISE TO ARANAS PASS OFFICE		
Total Hours / Pay for This Period ->>>				
			100	100
			110	110
			450	450
			350	350
			50	50
			100	100
			100	100

# Semi-Monthly Time Sheet

Date Submitted: \_\_\_\_\_

Employee \_\_\_\_\_

Signature \_\_\_\_\_

Hours Date Date

Month: February

2005

Pay Period

1st to 15th

16th to (Last Day of Month)

(Please Circle Correct Pay Period)

It is mandatory that each

employee fill out and maintain

their own time sheet on

a daily basis. In and out

columns are not to be filled

out in advance. This sheet

bearing your signature

MUST reflect all hours worked.

Pay Period	1st to 15th	16th to (Last Day of Month)		1	16
(Please Circle Correct Pay Period)					
It is mandatory that each employee fill out and maintain their own time sheet on a daily basis. In and out columns are not to be filled out in advance. This sheet bearing your signature MUST reflect all hours worked.					
2-16-2005	OFF			3	18
2-17-2005	Office to Aransas Pass Day Cruise		100	4	19
2-18-2005	Trip 211 Pharr and Rio Grande City to			5	20
2-19-2005	Lake Charles La and Kinder La.		360	6	21
2-20-2005	Kinder to Rio Grande City end Pharr Texas.			7	22
2-21-2005	OFF			8	23
2-22-2005	Alamo tx. to Aransas Pass tx. day Cruise Rockdramer		100	9	24
2-23-2005	Shop Day			10	25
2-24-2005	Pharr and Harlingen to Rockdramer return Pharr Texas.		X	11	26
2-25-2005	Pharr and Brownsville tx. to Dallas Texas.		11111	12	27
2-26-2005	Dallas Texas.		300	13	28
2-27-2005	Dallas tx. return, to Brownsville Texas.			14	29
2-28-2005	Brownsville Texas and Pharr tx.			15	30
Net Pay	\$				31

Total Hours / Pay for This Period-->>>